

NEWS MEDIA REPRESENTATIVES  
EIGHTY-SEVENTH GENERAL ASSEMBLY  
2017 SESSION  
SENATE

NEWS MEDIA NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ Zip \_\_\_\_\_

TELEPHONE \_\_\_\_\_ / \_\_\_\_\_ E-MAIL \_\_\_\_\_

FAX NUMBER \_\_\_\_\_ / \_\_\_\_\_

LIST BELOW THE NAMES AND ADDRESSES OF THE INDIVIDUALS WHO WILL BE  
COVERING THE GENERAL ASSEMBLY:

PLEASE LIST YOUR ORGANIZATION'S  
PRIMARY REPRESENTATIVE FIRST.

Attend  
Days  
Per Week?

_____	_____	( )
_____	_____	( )
_____	_____	( )
_____	_____	( )
_____	_____	( )

DO YOU REQUEST DESK SPACE? ( ) YES ( ) NO

IF YOU COVERED PREVIOUS SESSION – HOW MANY DAYS [HOURS]  
A WEEK DID YOU ATTEND LAST SESSION: \_\_\_\_\_ HOURS/WEEK

IF THE ANSWER IS YES, INDICATE:

1. HOW MANY PERSON-HOURS PER WEEK DO YOU ESTIMATE A  
REPORTER WILL BE AT THE CAPITOL DURING THE SESSION: \_\_\_\_\_
2. DOES YOUR AGENCY DESIRE A DESK IN: ( ) SENATE ( ) HOUSE ( ) BOTH
3. HAVE YOU PREVIOUSLY HAD AN ASSIGNED DESK: ( ) YES ( ) NO
4. DO YOU DESIRE THE SAME DESK BACK: ( ) YES ( ) NO
5. WILL A PHONE BE INSTALLED AT THE ASSIGNED DESK: ( ) YES ( ) NO

PLEASE RETURN THIS FORM TO THE SECRETARY OF THE SENATE, STATEHOUSE,  
DES MOINES, IOWA 50319.

\_\_\_\_\_  
(YOUR NAME AND TITLE)

\_\_\_\_\_  
(DATE)